

<b>Case Number:</b>	CM13-0014153		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 70 year old male with date of injury 4/26/06. The treating physician report dated 7/17/13 indicates that the patient presents with a chief complaint of right wrist pain (5/10) and right knee pain (3-5/10). The current diagnoses are: Right wrist pain, chronic pain syndrome, Dysthymic disorder, Muscle pain, Numbness, and Right knee pain/patellofemoral arthritis and tracking spurring. The utilization review report dated 7/29/13 denied the request for physical therapy 2x3 for right knee and right wrist based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PHYSICAL THERAPY TWO TIMES PER THREE WEEKS FOR THE RIGHT KNEE AND RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with chronic right wrist and right knee pain. The current request is for physical therapy 2x3 right wrist and right knee. The treating physician

report dated 7/17/13 states, "The patient has been attending physical therapy for her right knee and right wrist. The patient does feel that this has been very helpful. She would like to continue with PT to help alleviate her pain, as she feels that it has been helpful." Review of the PT notes from 2/6/13 through 6/27/13 indicates 20 PT sessions were performed. The MTUS guidelines for PT state, "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." The treater in this case has documented that the patient has essentially a normal knee and wrist examination with mild effusion, pain with full range of motion and 5/5 grip strength. There is no documentation to support continued physical therapy and no new injuries or diagnoses are documented to support this request. Recommendation is for denial.